Re-issue

REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	Q43872
First Named Inventor	Watanabe
Original Patent Number	5,914,548
Original Patent Issue Date (Month/Day/Year)	June 22, 1999
Express Mail Label No.	

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

APPLICATION FOR REISSUE OF: [X] *Utility Patent* [ ] *Design Patent* [ ] *Plant Patent*
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. [X] Fee Transmittal Form *(PTO/ SB/ 56)* *(Submit an original, and a duplicate for fee processing)*

2. [ ] Applicant claims small entity status. See 37 CFR 1.27.

3. [X] Specification and Claims in double column copy of patent format *(amended, if appropriate)*

4. [X] Drawing(s) *(proposed amendments, if appropriate)*

5. [ ] Reissue Oath/Declaration (original or copy) *(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*

6. [ ] Power of Attorney

7. Original U.S. Patent currently assigned? [X] Yes [ ] No

   (If Yes, check applicable box(es))

   [ ] Written Consent of all Assignees *(PTO/SB/53)*

   [ ] 37 C.F.R. § 3.73(b) Statement *(PTO/SB/96)*

8. [ ] CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*

   a. [ ] Computer Readable Form (CFR)

   b. Specification Sequence Listing on:
   i [ ] CD-ROM (2 copies) or CD-R (2 copies); **or**
   ii [ ] paper

   c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. [ ] Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).

11. [ ] Original U.S. Patent for surrender
    [ ] Ribboned Original Patent Grant
    [ ] Statement of Loss (PTO/SB/55)

12. [ ] Foreign Priority Claim *(35 U.S.C. 119)* *(if applicable)*

13. [ ] Information Disclosure Statement (IDS)/PTO-1449   [ ] Copies of IDS Citations

14. [ ] English Translation of Reissue Oath/Declaration *(if applicable)*

15. [X] Preliminary Amendment

16. [X] Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*

17. Other: ....

....

....

18. CORRESPONDENCE ADDRESS

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Signature	*[signature]*	Date	6/22/01

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
043872

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee		Other than a Small Entity Rate	Other than a Small Entity Fee
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 42	**** 18 =	x $_____ =		or	x $18 =	324.00
(C) 6	Independent claims (37 CFR 1.16(i))	(D) 12	* 6 =	x $_____ =			x $80 =	480.00
			Basic Fee (37 CFR 1.16(h)) $_____					$ 710.00
			Total Filing Fee $			OR		$1,514.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Small Entity Fee		Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x $_____ =			x $_____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x $_____ =			x $_____ =	
			Total Additional Fee		$		OR	$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. ____19-4880____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of $ ___1,514.00___ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

June 22, 2001
Date

Signature of Applicant, Attorney or Agent of Record

Steven M. Gruskin, Reg. No. 36,818
Typed or printed name

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

05/26/2001 MLAKEW1 00000001 09885942

01 FC:108   710.00 OP
02 FC:102   480.00 OP
03 FC:110   324.00 OP

PTO-1556
  (5/87)